

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>3/22/04</u>		2 Serial/Patent # <u>10/613,116</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition		<u>12/23/03</u>	\$ <u>130</u>
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>130</u>
		8 TO BE REFUNDED BY:		
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check	
<input type="checkbox"/>	Overpayment	<input type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	9	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center;"> <div style="display: flex; justify-content: space-around; width: 100%;"> </div> </div>	
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
<u>Postcard proves allegedly omitted drug was present on day 1.</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>E. Shirene Willis</u>		TITLE: <u>Pet Atty</u>		
SIGNATURE: <u>E. Shirene Willis</u>		PHONE: <u>308-6712</u>		
OFFICE: <u>Office of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>3/30/04</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**